FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

URITIES AND EXCHANGE COMMISS Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPR	OVAL
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OMB Number: 3235-0076 Expires: April 30, 2008

Expires: April 30, 2008 Estimated average burden hours per response. . . 16.00

	SEC U	SE ONLY	
Prefix			Serial
	DATE	RECEIVED	
	- 1	I	

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)							
Galleon Communications Partners, L	P – Private Pla	cement					
Filing Under (Check box(es) that apply:)	□ Rule 504	☐ Rule 505	⊠R	ule 506	☐ Section 4(6) 🛮 ULOE	}
Type of Filing: New Filing □ Amen	dment				•		
	A. BASIC	IDENTIFICATI	ON DA	TA		21	
1. Enter the information requested about the	issuer					71	
Name of Issuer (check if this is an amend	ment and name ha	s changed, and in	dicate	change.)	,	•	
Galleon Communications Partners, LP					•		
Address of Executive Offices	(Number and S	treet, City, State,	Zip Co	de) Te	lephone Number	(Including Are	a Code)
590 Madison Avenue, New York, NY 10022	!			(21	2) 371-2939		
Address of Principal Business Operations	(Number and S	treet, City, State,	Zip Co	de) Te	lephone Number	(Including Area	a Code)
(if different from Executive Offices)		PR()C	ESSE	D		
Brief Description of Business					8		
Hedgefund		FĮ	B 0 7	2007			
Type of Business Organization							
□ corporation		ership, already for	# GMS	ON	other (plea	se specify):	
□ business trust	☐ limited partner	ship, to be formed	LINAMC	IAL			
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	: (Enter two-lette	05	ice abl				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a current valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner
Full Name (Last name first, if individual)
Galleon Advisors, L.L.C.
Business or Residence Address (Number and Street, City, State, Zip Code)
590 Madison Avenue-34 th Floor, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Member of General Partner
Full Name (Last name first, if individual)
Rajaratnam, Raj
Business or Residence Address (Number and Street, City, State, Zip Code)
590 Madison Avenue-34 th Floor, New York, New York 10022
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Management Company
Full Name (Last name first, if individual)
Galleon Management, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
590 Madison Avenue,34th Floor, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer of Management Compan y
Full Name (Last name first, if individual)
Lau, Georgia
Business or Residence Address (Number and Street, City, State, Zip Code)
590 Madison Avenue, 34th Floor, New York, New York 10022
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Bernard V. & Theresa S. Vonderschmitt Jt. Decl. of Trust DTD 1/4/96
Business or Residence Address (Number and Street, City, State, Zip Code)
510 Mendel Lane, Jasper, IN 47546
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Full Name (Last name first, if individual) JP Morgan Ref Holyoke Partners Fund I LP
•

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. II	NFORM <i>A</i>	TION A	BOUT OF	FERING					
1.	На	s the issu	er sold, or	does the is				redited inv nn 2, if fili			g?		Yes □	No X
2.	What is	s the mini	mum inve	stment that	will be ac	cepted fro	m any ind	ividual?	••••	***************************************	***************************************	••••••	\$ <u>500,0</u>	<u>·00</u>
3.	Does ti	ne offering	g permit jo	oint owners	ship of a si	ingle unit?		•••••			•••••		Yes ເ⊠	No □
4.	similar an asso or deal	remunera ciated per er. If mo	tion for so son or ago ore than f	nested for especial policitation ent of a brown ive (5) per or dealer	of purchas oker or de- rsons to b	sers in con aler registe	nection ware	ith sales of he SEC an	securities d/or with a	in the offor state or s	ering. If a tates, list t	person to he name o	be liste f the br	ed is oker
Ful	l Name	(Last name	e first, if i	ndividual)										
	t Applica													
Bu	siness or	Residence	e Address	(Number	and Street	, City, Stat	e, Zip Coo	de)						
Na	me of As	sociated I	Broker or	Dealer										
Sta	tes in W	hich Perso	on Listed I	Has Solicit	ed or Inter	nds to Soli	cit Purcha	sers						
	(Check	'All States	s" or checl	k individua	al States)					••••••		🗆 A	ll States	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO [PA] [PR])]]
Ful	l Name	Last name	e first, if i	ndividual)										
No	t Applic	able												
Bu	siness or	Residenc	e Address	(Number	and Street	, City, Stat	e, Zip Coo	le)						
Na	me of As	sociated I	Broker or	Dealer	·									
				Has Solicit k individua								🗆 🔥	ll States	<u></u>
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	-
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	<u> </u>
		•	e first, if ii	ndividual)										
	t Applica		e Address	(Number	and Street	City Stat	e Zin Coo	le)						
Du.	JII1633 61	residence	e riddress	(ramber)	and Street,	, City, Stat	c, zip coc	10)						
Nai	me of As	sociated I	Broker or	Dealer										
Sta	tes in W	hich Perso	on Listed I	las Solicit	ed or Inter	nds to Soli	cit Purcha	sers						
	(Check	'All States	s" or checl	k individua	ıl States)	************	•••••			•••••		🗆 Al	ll States	3
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO [PA] [PR])]]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amount of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$		\$
	Equity\$	· <u>·</u>	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)\$		\$
	Partnership Interests\$		\$ <u>37,467,306</u>
	Other (Specify:)\$		\$
	Total	500,000,000*	\$ <u>37,467,306</u>
	*For Form D filing purposes only. This is a continuous offering. Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$37,467,306_
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Delles Assessed
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	D \$	S
	Printing and Engraving Costs	□ \$	3
	Legal Fees		
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		
	Total		-0-

	C. OFFERING PRICE, N	COMBER OF INVESTORS, EXPENSES AND USE C	JF PROCEEL	<u> </u>
	1 and total expenses furnished in respons	gate offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the continuous offering.	s <u>500,000</u>) <u>,000*</u>
5.	for each of the purposes shown. If the ar and check the box to the left of the esti	gross proceeds to the issuer used or proposed to be used mount for any purpose is not known, furnish an estimate mate. The total of the payments listed must equal the orth in response to Part C - Question 4.b above.	•	
			Payments to Directors, & Affiliates	Officers, Payments to Others
	Salaries and fees		\$	□ \$
	Purchase of real estate		\$	
	-	ation of machinery and equipment		
	Construction or leasing of plant build	ings and facilities	\$	□ \$
	offering that may be used in exchange	ding the value of securities involved in this c for the assets or securities of another	1 \$	Пѕ
	·			
	• •			
	.	ies \Box		
		added)added)	⊠\$ <u>500,(</u>	⊠\$ <u>500,000,000*</u> 000,000*
		D. FEDERAL SIGNATURE		
fol	lowing signature constitutes an undertaking	gned by the undersigned duly authorized person. If this g by the issuer to furnish to the U.S. Securities and Exy the issuer to any non-accredited investor pursuant to pa	change Comm	nission, upon writte
	uer (Print or Type)	Signature	Date /	. 1
	alleon Communications Partners, LP	Til City	1/2	2007
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		(
Ge	orge Lau	Chief Financial Officer of Galleon Management the Management Company	nt, L.P.,	
		ATTENTION		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	. 1	
Galleon Communications Partners, LP	- coge	,	1241	2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
George Lau	Chief Financial Officer of Galleon Management, the Management Company	L.P.,	·	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX 1 2 3 4 5										
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		7.0			72						
AK											
AZ		Х	\$500,000,000 Limited Partnership Units	1	\$147,481	0	0		х		
AR											
CA		х	\$500,000,000 Limited Partnership Units	26	\$20,406,502	0	0		х		
СО											
СТ		Х	\$500,000,000 Limited Partnership Units	1	\$122,339	0	0		X		
DE											
DC											
FL											
GA											
НІ											
ID											
IL											
IN		Х	\$500,000,000 Limited Partnership Units	1	\$6,221,019	0	0	10	Х		
IA											
KS											
KY											
LA											
ME											
MD		X	\$500,000,000 Limited Partnership Units	4	\$2,194,738	0	0		X		
MA		х	\$500,000,000 Limited Partnership Units	2	\$4,598,023	0	0		Х		

				A	PPENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MI									
MN		х	\$500,000,000 Limited Partnership Units	1	\$114,937.00	0	0		х
MS									
мо									
MT									
NE									
NV									
NH									
NJ		Х	\$500,000,000 Limited Partnership Units	2	\$490,971	0	0		Х
NM									
NY		х	\$500,000,000 Limited Partnership Units	12	\$3,171,296	0	0		X
NC									
ND	- w								
ОН									
ОК									
OR									
PA									
RI									
SC						_			
SD									
TN									
TX			-						

				AF	PENDIX	-			
1		2	3			4		5	
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pur (Part	Disquali under Sta (if yes, explana waiver g (Part E-	te ULOE attach ation of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
VA									
WA									
wv									
WI									

